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‘Academic Freedom’ or ‘Bottom Line’: Public College Healthcare Professionals Teaching in a Global Economy

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Abstract

College faculty teaching in the health professions work within a unionized, neoliberal system designed to produce competent graduates trained to work in the health care hierarchy. The workers trained include community care assistants, two levels of nurses (practical nurses and baccalaureate nurses, the latter in collaboration with university nursing programs), personal support workers, medical laboratory technologists, paramedics, pharmacy technicians, dental hygienists and assistants, massage therapists, and so on. Academic freedom, a concept held close to the hearts of their university counterparts, is not a term uttered with frequency nor an implicit understanding of many college faculty. This paper explores this phenomenon, examining the conditions under which Canada’s health professionals teach and construct health care curricula in public colleges. Interviews with faculty were undertaken by the first author as part of a master’s thesis and in a separate project by the second author as part of a larger national study of college faculty (with Diane Meaghan). Interviews with health professional faculty mainly in Ontario explored relationships between faculty and college administration, as well as faculty perceptions of other organizations such as licensing boards influencing the daily work of constructing and teaching health care curricula. The results indicate that college faculty do have concerns regarding academic freedom, with their frustrations and fears expressed in terms of a divide between faculty and local college administration. These concerns are seen as sometimes challenging their ability to ensure the quality of graduates, as well as compromising their rights as faculty and their commitments to their profession and to their own professionalism. More specifically, faculty worried about curtailment of their freedom to design curricula and have access to appropriate resources; and to set grading standards, and in some cases, grades, in the face of relentless ‘student success’ policies. We conclude with speculation about the future of college ‘academic freedom’ as some colleges and programs strengthen their links with universities.

The College Context.

Public college systems in the provinces from which health professional faculty were drawn for this study were established at different times. For example, in Ontario and Quebec, they began in the 1960s, while in the maritime provinces, they began as late as the 1980s, as federal and provincial governments bought into the notion that Canada’s economic success would be largely dependent upon the technical skills of its workforce and that investment in higher education was the key to economic expansion (Magnusson, 2005). Fisher *et al.* (2009) argue that the policy shift towards a neoliberal style of governance, which Hogan and Trotter

(2013) associate with the Harris-Klein era, has resulted in our technologically dominated economy viewing postsecondary education as an “instrument for labour force development” and as “a market sector in its own right” (p. 550). Over the decades since the establishment of colleges, many trades and other occupations which formerly relied upon “on-the-job” trained workers were deemed worthy of college diplomas and certificates. Arguably, Canadians have come to view postsecondary education as a necessity for workplace advantage rather than as a luxury for the elite. That is, education of the masses has grown exponentially and it has become difficult for high school graduates to secure employment without furthering their education at the postsecondary level (Colleges Ontario, 2012; Rae, 2005).

Doughty (1994, 2010) further postulates that both government and education policymakers structure the college mission to advance their own agenda. Thus the language of provincial government policy becomes the foundation of the college education experience. The case of Ontario can be taken to illustrate this point. Specifically, the Ontario Colleges of Applied Arts and Technology (or CAATs) are regulated by a branch within the Ministry of Training, Colleges and Universities (MTCU). The updated CAAT Act of 2002 states

> [t]he objectives of the colleges are to offer a comprehensive program of career-oriented post-secondary education and training to assist individuals in finding and keeping employment, to meet the needs of employers and the changing work environment, and to support the economic and social development of their local and diverse communities. (www.e-laws.gov.on.ca)

Wording in the Ontario Act encourages colleges to create and maintain relationships with industry and other educational institutions. From this foundation, the economy-driven and business-responsive college system has adopted business practices centred around performance indicators, quality assurance measures, academic audits, and community-business partnerships (Arvast, 2008; Levin, 2006; Outcalt, 2002; Rhoades,1998). Following a rise of funding and increased access to postsecondary institutions in the 1970s, several significant economic and societal changes impacted higher education. A recession early in the 1980s resulted in provincial governments where colleges had been established substantially reducing funding to colleges, a trend which has continued to this day (detailed for Ontario in Clark, Moran, Skolnik & Trick, 2009). Also during this time, business practices began to shift as Ontario’s industrial manufacturing economy faltered and globalization began to result in the call for “knowledge workers” (Magnusson, 2005). In 2002, Ontario’s public colleges were granted autonomy in the development of new diploma or certificate programs so that provincial government consultation and approval is no longer needed. At the time of writing, a small but rising percentage of programs at Ontario (as well as BC and Alberta) colleges can now be completed to the baccalaureate level. (This includes collaborative programs in nursing, where the college provides the early years of instruction and the university provides the senior year or years). In addition, geographical catchment areas for the colleges were eliminated. This seemingly increased autonomy for colleges has resulted in colleges

beginning to compete for the same pool of students across geographical areas. Arguably it also erodes the ideal of the community college as students move from their home towns to pursue careers in specific programs not offered in their areas (Rae, 2005). Further, identical training programs across the province serve to decrease opportunities for training experiences with community partners and diminish job opportunities for graduates (Clark et al., 2009; Arvast, 2008).

In summary, along with the practice of starving or providing one-time only project funding to postsecondary institutions, provincial governments such as Ontario link money transfers to enrolment or programs through such mechanisms as key performance indicators. Under such arrangements, government grants are, in part, based on the number of graduates who are successfully employed in their field within a specified period. As well, money transfers are based upon a telephone survey questioning both graduates and employers on their degree of satisfaction with the quality of education received (Fisher et al., 2009). This has served to heighten the competitiveness between colleges as administrators strive to increase and maintain their student bodies. Enrolment is at the forefront of many college policies and practices all across the country. This preoccupation has resulted in college administrations eliminating college programs with poor enrolment and opening up additional spaces in programs where there is greater consumer demand. As one of our participants commented, teachers may see the program they are affiliated with vanish without much warning while other teachers arrive back from summer vacation to find 10 additional students in their already at-capacity program (see also Outcalt, 2002). Certificate, diploma and now baccalaureate degree programs continue to appear, exist and become extinct in response to expressed market needs. This practice of quickly forming or disbanding programs (and even institutional type), on the surface, allows colleges to respond to their community partners quickly, following this mandate and feeding the neoliberal agenda. However, one might hypothesize that the threat of job redundancy and unemployment is a constant and impacts the work environment for faculty (Outcalt, 2002).

College Health Care Programs.

The health care field has also responded to the neoliberal agenda and over the course of the past half century, colleges have initiated and designed a plethora of health discipline specific certificate, diploma and advanced programs including the baccalaureate. For example, colleges currently carry the responsibility of training and graduating over 70 percent of Ontario’s health care providers. Of Ontario’s 286,000 health care personnel, 50 health care occupations are captured in government statistics. Of these, 14 require university qualifications and 36 consist of college-trained job titles (ACAATO, 2004).

Against the current political backdrop and riding the wave of current educational policy, in Ontario, approximately 9,000 full time college teachers, partial load teachers, instructors, librarians and counselors strive to carry out the college mandate under the umbrella of one of Ontario’s largest unions, the Ontario Public Service Employees Union (www.OPSEU.org). These professionals are among the unionized full time faculty of public colleges, many of whom have left one major public sector for another. They carry their professional beliefs and values into the

teaching arena, thus attempting to balance altruistic professional ethics with the business model approach to teaching and workload. Health care faculty members often maintain formal and informal links to professional local, provincial and national organizations. These organizations have formal or informal expectations regarding the curriculum taught in college health care programs, intended to guide the work of educators attempting to graduate knowledgeable and skilled health care providers.

Academic Freedom and College Faculty.

Historically, the university professoriate has championed the ideal of academic freedom and the struggle to achieve and maintain the principles surrounding this much debated concept. As recently as 2011, university presidents across Canada unanimously voted on a refined definition of the term which is to be upheld by all members of the Association of Universities and Colleges (AUCC, 2011). The newly acclaimed definition is as follows:

> Academic freedom is the freedom to teach and conduct research in an academic environment. Academic freedom is fundamental to the mandate of universities to pursue truth, educate students and disseminate knowledge and understanding. In teaching, academic freedom is fundamental to the protection of the rights of the teacher to teach and of the student to learn. In research and scholarship, it is critical to advancing knowledge. Academic freedom includes the right to freely communicate knowledge and the results of research and scholarship.

Does this characterization of academic freedom resonate with Ontario public college faculty? Is academic freedom a concept familiar and held dear by health care professionals who produce cogs in the wheel of our global economy? Or is academic freedom and all it entails just a nebulous, intangible turn of phrase used by distant university cousins working in their ivory towers? A recent article reviewed the concept with respect to colleges in BC and Ontario (Hogan & Trotter, 2013); on the surface, there does not appear to be the same level of concern regarding academic freedom in the public college system. Marcus Harvey (personal communication, June 1, 2012) stated that American colleges are more ‘sensitized’ than Ontario college faculty to the need for academic freedom language in union contracts and have a greater tradition of bargaining the issues perceived as affecting faculty’s right to achieve it.

Doughty (2010), as well as Hogan and Trotter (2013), believe that the lack of focus on academic freedom by Canada’s college faculty lies in the stated mission of colleges. While “the right to pursue truth without outside interference” is at the core of the university mission (according to supporters of academic freedom), colleges have been conceptualized as mere “disseminators of knowledge”: thus, the time-honoured definition of academic freedom seems unrelated to the mandate of college programs.

Research Questions.

What *do* we know about the faculty delivering college programs? This research focuses on the health professionals who seek to produce

graduates who are capable of keeping our population healthy and safe. How do they view their working environment, the business approach to managing education, and the quality of education they provide? After reflection, do they feel they have academic freedom as it is understood by their university counterparts or do they define terms such as “academic freedom” and “autonomy” differently? Are there conflicts between what their professional regulatory bodies expect from their graduates and what is dictated by their postsecondary educational institution? How are curriculum decisions made? Who has the final say in “student success”? These are some of the questions that are addressed in this paper.

As an occupational therapist who worked almost 20 years in both Ontario hospitals and communities, and as a current faculty member of a mid-sized college, these are the questions the first author asks herself in her daily work. Similar questions motivated the second author as a professor of higher education to direct a national study of college faculty in Canada. We both discovered, in college hallways, meeting rooms and offices, echoes of voices expressing frustration and a sense of alienation from administration while simultaneously expressing pride in graduates and individual health care programs. OPSEU and other faculty unions are seen as friend or foe depending on the issue being discussed at the time. Further, health care faculty seem to refer to their outside provincial and national professional organizations only when arguing the need to keep up curriculum standards, or, conversely, highlighting the need for systemic change. And no water cooler conversation is complete without a reference to workload. Much of the dissatisfaction stems from teachers feeling they do not have enough time in their work week to provide the quality education they wish to deliver.

Previous Research on College Faculty.

Even a cursory review of published research on postsecondary faculty makes clear that much of the Canadian scholarly work on this topic addresses the workplace and workload of the *university* professoriate rather than that of their college cousins. Higher education scholars tend to centre their research around knowledge production, discussion on academic freedom and academic property, tenure, workplace culture, equity and merit awarded on the basis of research productivity, teaching excellence and community involvement. While a few of these constructs can be found in the college system, most previous research is not very helpful in answering the questions posed here except as a comparator. A number of scholars have chosen to use the American community college as the closest comparator to our college system. Their work can be used in a limited way to contextualize our findings, and will be referred to in our discussion of findings.

Twobly and Townsend (2008) postulate that little research is done on community colleges because universities, which typically carry out studies examining educational systems, have chosen to stick to their own concerns. As well, the majority of college faculty do not normally carry out research as part of their duties. In fact, research done at the public college level is typically applied research and is expected to be tied to a community partner who can benefit from the research. The ACAATO document, *Beyond the Stethoscope* (2004), laments that this lack of research on training programs must end, “since colleges are the primary deliverers of

training in both regulated and unregulated health care occupations" (p. 7).

The central activity of college faculty is, obviously, teaching and teaching-related activities. Team teaching, technology-assisted and distance learning are only a few of the relatively new pedagogical approaches that faculty are expected to embrace (Outcalt, 2002; Rae, 2005). Looking at their academic freedom from a university faculty perspective, the first point to be made is that college faculty do not truly have academic property rights in the production of knowledge. Courses developed by an individual or a collective group of teachers are considered to be the property of their college or the college that has contracted their college to teach the courses. Lecture notes and powerpoint presentations, assignments, tests, seminar materials, and so on, are collected when a contingent or full-time faculty member is no longer involved with that course. Refusal to hand over developed curriculum is perceived as a breach of contract and is dealt with as such (Levin, Kater & Wagoner, 2006). As Dennison (1985) pointed out many years ago, and Doughty (2010) has reminded us, the work of college teachers is embedded in using business-focussed practices where it does not sit comfortably. The assumption, as noted above, is that knowledge that has already been produced is being disseminated, and that this is a commodity. But arguably, to the extent that college teachers see themselves as professionals with what has been termed 'tacit knowledge,' they do not see their course creations and teaching activity as commodities.

Another problematic central concept in college teaching is seniority (years of service within the union) rather than remuneration based on merit, accountability and quality (as captured in student and faculty evaluations), KPIs and productivity. In Ontario, the relevant text for measuring faculty activity is the Standard Workload Formula (SWF). The SWF, a union-negotiated mechanism for determining full-time individualized faculty workload each semester, uses a prescribed calculation to inform the faculty of their weekly time demands. The formula is supposed to account for such parameters as class size, the number of times a week the teacher gives the same lecture, laboratory or seminar, method of curriculum delivery (online vs. face to face, lecture vs. seminar or laboratory), weekly preparation and evaluation time, mandatory meetings and administrative duties (if the faculty member is also a program coordinator or head). In the SWF, the number of weekly working hours are specified as 44 to 47 and there is a limit of four courses a semester (www.OPSEU.org). Other provinces have less specified workload policies, though the official expected hours of work and classroom hours are similar. But in our interviews, there are typically reports of what we called phantom hours—or hours worked beyond these specified limits (and in some case *very much* beyond them).

Thus workload is a burning issue raised by college faculty. Indeed, in past decades, with frequent strikes and threats of strikes, the college environment can be characterized as unpleasant. For example, in August 2012 during the writing of this paper, OPSEUs CAAT-Academic bargaining unit was entering into contract negotiations with government officials. The three top priorities for discussion, as identified by faculty members and their union representatives included salary, workload and academic freedom. (CAAT, 2012) The most prominent issues, as during the strike of 2006, revolved around workload. Faculty feel that the current system of

determining type and volume of work is outdated and does not address increasing class sizes, number of overall students taught by a single member each semester, need for curriculum and professional development and the impact of technology both in and out of the classroom (www.OPSEU.org). It is also clear from our data that workload is central for college faculty across the country.

As we will argue below, it is theoretically relevant that the term workload as it is being used here is seen as part of the broader definition of academic freedom. In fact, on the OPSEU website, a communique dated January 23, 2012 stated:

> Academic freedom is a broad-ranging issue that extends throughout the work done by college faculty members. It affects teaching, research, professional development, course materials, teaching style, delivery modes, and evaluation methods. More and more, academic decisions are made in accordance with management’s non-academic priorities. This includes not only the major college-wide issues, but also the everyday decisions about what is happening in the classroom.

Doughty (2010), an outspoken advocate for public college faculty, speculates that the term “academic freedom” means different things to faculty, college administrators, government officials and the public. He views the crux of the matter as a “problem of power and domination” (p. 3) and argues that the battle for academic freedom within the college system has barely started. Whereas university professors have historically engaged in research and have asked the tough questions of society, college faculty have been perceived to conform to the mission of the college to train the workforce in order to meet the demands of the labour market, as we have noted. Within this model, it is assumed that dissemination of already acquired knowledge does not require a high degree of academic freedom.

Methodology.

This paper was conceptualized during conversations on two hour Greyhound bus trips home after classes in Toronto. As the first author theorized a potential conflict between the requirements of health professional licensing boards and the “student success” project whereby college administration strives to increase the number of students who graduate, the second author, who has been teaching and writing about the professions for many years, suddenly remembered that she had interviewed a part-time faculty member and nurse teaching practical nursing in a rural area in Canada where these issues had been discussed at length. The conversation (taken verbatim from a transcript of the interview), began with a discussion of an occasional student having difficulties with clinical placements (dots indicate omitted sections and italics indicate the interviewer speaking):

> (*So what have you noticed?)*….There’s the odd one that has a lot of difficulty. *(So what do you do in that situation, like has it been serious enough that you had to say, “I don’t think this person should be in the program?”…)* We have one

> Aboriginal student…[with whom] we have academic issues…. She struggled in the science end of things and is now struggling in the clinical area…and I don't know if we want to make allowances because a nurse is a nurse…. *(You also have to satisfy [the college of] nursing.)* I mean I hate to say that a nurse is a nurse but— *(That means equity has a limit beyond which you can't go because you are maintaining professional standards?)* Yes it does.

Issues of confidentiality prevent us from revealing more of the circumstances of this case, but suffice it to say that the problem could be theorized as related to the intensive workload of this contingent faculty member, her difficulty "holding her own" with the college running the program, and the 'nurse is a nurse' standards that she felt compelled to uphold in her everyday assessment of student performance.

Conversations about the type of conflict illustrated in this passage led the first author to undertake a master's research project in which she critically examined academic freedom and health care teachers in open-ended interviews with six health care faculty. The faculty spoke candidly about their work, but where they asked that their comments be off the record, that has been respected. All the interviews were audiotaped with each participant's permission and later transcribed. The interviews were then analyzed, exploring the research questions the first author had posed regarding academic freedom. After the thesis had been written up and approved, the second author chose transcripts of health care faculty interviewed for her national study of college teachers that raised issues of workload, contingency and academic freedom as discussed in the first author's thesis and wove examples and further analysis into the text.

Altogether our dataset includes nine health care program faculty from Ontario, three from provinces east of Ontario and one west of Ontario. This is a small set of individuals, so that we have chosen not to be more specific about their location to mask their identities. Suffice it to say that half were nurses, but the group also includes faculty teaching in paramedic, massage therapy, personal support worker and community care assistant programs. The majority of the faculty had acted in an administrative role such as coordinator for their programs at some point, overseeing the daily workings of their programs. Thus they also became involved when students were identified as struggling academically, and were able to comment on the issues raised in the passage above. Virtually all belonged to their provincial regulatory bodies but responses were mixed in response to questions of professional identity: some saw themselves as "health professional first, educator second;" others as both; and a minority as "educator first, professional second." All teachers maintained their professional designations as part of their terms of employment. Although this is not a study of college faculty identity, this is clearly an interesting area to explore in future studies of faculty in health programs. The programs represented in the study include two semester (certificate) programs; four semester (diploma) programs including practical nursing; six semester programs (advanced diploma); and baccalaureate programs. In larger colleges, these health professional programs allow laddering into baccalaureate study should the student wish to do so in the future. Relevant to this discussion is that all except the practical nursing and personal service worker (PSW)

programs experienced high dropout rates.

In both studies, participants were chosen from faculty lists after ethics approval had been obtained from the respective colleges. They were sent letters of invitation to participate and all agreed. Interviews were approximately one hour and held in a place chosen by the participant—most in their faculty offices. The purpose of the study was re-iterated and a consent form was signed promising confidentiality of individual and college identities.

How Health Care Faculty Define Autonomy.

Throughout the 13 interviews, not once did study participants bring up the term academic freedom spontaneously when discussing their daily work, relationships with college administration, professional regulatory bodies or government regulators. In fact, when the term “academic freedom” was introduced, most participants seemed unfamiliar with the concept and a few asked for a definition. The study participants did seem, however, well versed in the language of neoliberalism and frequently peppered their discussions with such terms as “market driven,” “consumers” (when discussing students), and “bottom line.” The most common phrase was: “it’s not about ‘student learning first,’ it’s about making money” when discussing the orientation of college administration.

It became apparent that although the participants had problematized their institutions and, to some extent, the system within which they work, their focus was on the standardization (commoditizing) of health care education and the perceived intrusion of college administrations upon their daily work. Upon being given the traditional definition of academic freedom, study participants attempted to frame their responses within its context. However, whenever academic freedom or autonomy was mentioned, it was done so only in conjunction with identifying how decisions were made on what to teach, and how to teach it. The two terms were used interchangeably and no distinction was made between “freedom” and “autonomy.” It is thus surmised that these words carry the same meaning for the study participants. While these faculty felt they had a great deal of academic autonomy, in that their administrators were largely not aware of what they were doing, further questioning revealed that they did see a link between their local manager or dean and the generic “college administration” in much of their work. Several themes emerged and these have been grouped for presentation.

Faculty Views on Academic Freedom and Curriculum Design.

In an excerpt from our interviews, a faculty participant defines academic autonomy in narrow terms:

> I’m not sure faculty having greater autonomy over what we teach is going to improve the quality of education we provide. I mean, maybe there’s a link there I’m not seeing, but I don’t think having or making more decisions about whatever would make a difference. Because I think we have a certain amount of autonomy and I don’t think having more of it would necessarily mean that the quality of education would somehow be better.

In this passage, autonomy is taken as control over curriculum and the faculty who had been coordinators mostly concurred that they felt in control of their program’s curriculum. The following quotes summarize the view expressed when full-time senior Ontario faculty participants were asked how much direct influence their college’s administration exerts over curriculum design within the health programs:

> I think I have quite a bit of autonomy. I don’t have any concerns about feeling like someone’s trying to make decisions about the curriculum that I teach. I have not had any questioning of my assessments or what I teach. I don’t send in my lectures, so the influence is only just reviewing my course outline to determine that they seem reasonable. (note: in this college, it is the program coordinator, then the chair or dean who reviews and approves the course outlines)

> Like they knew! We showed them what we were doing, but we made the decisions. This place doesn’t come and say we think you should teach this now. (Study participant when questioned about how involved college administration was in his program’s initial curriculum design).

> The college is reasonably supportive. Certainly we’re encouraged to do what we want. I feel like I have autonomy over what is taught. Well, we need to still keep working on the academic freedom and getting that accord and putting that into the collective agreement.

> Yes, I feel autonomous. [Our dean who is a nurse] will say, “OK, we’re working on SWFs—you guys decide on what you want and come back to me” and she’ll usually sign off on what we agreed to. With our [non-nurse] manager before that we wouldn’t have been able to do that…. So the staff feels autonomous. I do.

Even contingent faculty in the Ontario system felt this way about the curriculum, at the same time explaining in detail the pain involved in being contingent faculty, including facing exclusion by colleagues:

> Oddly enough, I do have some limited freedom to deliver a course the way I want as long as the parameters of the curriculum are covered. *(And those parameters are set by the nursing college?)* Yes, but also at the local level, nurses have some flexibility in determining aspects of courses with respect to the emphasis and order of topics. (*This would be discussed in committee meetings among faculty?)* Yes, those meetings that I am not invited to. Well, to be fair, if invited I wouldn’t attend because there is no financial incentive for such extra work.

In contrast was the story of a contingent faculty member in another province who was teaching in a health care program brokered by her college for another. In this case, her manager had to submit to the contracting college a detailed schedule of classes, listing day by day

presentations. Even the examinations prepared by the contracting college were mandatory. Therefore, when she was asked about how much autonomy she had in this curriculum, she commented,

> not a lot—we are very constricted by their curriculum guidelines…. [They say,] “[t]his is our program…. You teach it exactly like this.” (*…So how do you wend your way around this authoritarian structure?)* Well, we kind of do not tell them what we are doing sometimes (laughs)….Well we, I mean I should not say that—we ensure that the students have the hours that are required…but sometimes our way of getting there, um, we have bent the rules a bit. I mean not so much as we feel that the student is receiving less of an education, [but so] that it is more tailored to their needs. If they are going to be staying in a rural area, you know, then let us give them more of the rural experience…[and they] turn a blind eye to it. (*So you have a fair amount of autonomy between the cracks.)* In between the cracks, yeah…. As far as the curriculum content, there are some things where I would just say “No. ” Why do they want me to teach this part of it*?* They are not going to see that very often and yet there are other areas where you see clinical situations all the time and we have never covered it in class. (*What about your autonomy vis-a-vis your own college, because it seems like you are serving more than one master here?)* That sometimes is very much a challenge.

In a second case, a paramedic in a province outside Ontario described another constriction on autonomy in constructing the curriculum:

> *(Would you say you have academic freedom, or autonomy to set the curriculum?)*Well, we are a funny profession…. *(Do you have an outside accrediting association?)*Yeah…. We do, the Canadian Medical Association. *(Oh, not your own paramedics?)* No… There is a national paramedics association. It has been around for 25 years but is just stumbling towards real association right now…and what the CMA has adopted is [our association recommendations] on which we must build our curriculum if we want to remain CMA-accredited.

It is theoretically interesting that he did not critique this hierarchical medical arrangement but instead his local college administration about which he commented: “I think there is a disconnect with the college [faculty]. There is seemingly a bit of an executive club.” He had worked in an adjoining provincial college system, and predicted that their emphasis on “student as client” would soon affect his own college. And he added defiantly, “the public safety issue will always temper how we reshape our program based on these new ideas.” A second paramedic instructor in another province outside Ontario talked about his college moving towards a collaborative program with a local university so that graduates of his program could transfer credit to the university and obtain a degree in paramedicine, but it was not clear if he thought this would improve or limit paramedic faculty autonomy over the curriculum. Instead, he was

outspoken about how nurses do not appreciate paramedic professionals in the field (“paramedics ought to be seen as a discipline of medicine unto themselves”), and how managers at his college relentlessly pursue their accountability logic:

> We used to say what we wanted to, with managers around and to them, particularly if we were unhappy about yet another change that they were making without consulting us…. Now we are expected to sit quietly at meetings with management and listen to orders from on high.

This was echoed by a nurse experiencing a new supervisor as well as an upcoming curriculum review:

> If you would have asked me [about autonomy] two months ago, I would have said, “Oh yeah, I can do whatever it is I want.” But there’s been a shift, a new person, and all of a sudden there are all these surveillances and control measures that never used to exist…. It’s palpable. … I think that if you hire the right people, you don’t need all these control measures. I think they are really quite damaging. So instead of feeling free and creative and willing to take a risk, now we are all paranoid.

It was acknowledged by all participants that new program curricula are designed with input from numerous sources. These could include program advisory boards (comprised of administrators, outside community partners, faculty teaching within the program, and students—past and present); current student and alumni; clinical preceptors who oversee student field experience placements; the college’s centre for learning and teaching; college and university faculty in the case of baccalaureate nursing programs; and various provincial and national professional organizations.

At the governmental level, for example, the Ontario Ministry of Training, Colleges and Universities (MTCU) develop, in cooperation with representation from employers, industry and professional associations, program graduates and faculty, a set of vocational outcomes for all programs taught within the public college sector. These vocational outcomes are intended to be embedded within the learning outcomes developed for each individual course taught within a program in order to ensure that the curriculum addresses all vocational outcomes. Each college is responsible for ensuring that their programs’ curriculla capture these vocational outcomes along with essential employability outcomes, and General Education skills as set out in the MTCU College Framework (2003). Again, while all Ontario participants acknowledged vocational outcomes, they did not feel these program standards hampered their ability to set curriculum.

Further, in 2007, a joint initiative between the Ontario MTCU and representatives from the college sector was launched. The Program Quality Assurance Process Audit (PQAPA) is overseen by the Ontario College Quality Assurance Service, a branch of Ontario Colleges, and was designed to conduct cyclical, external reviews of quality assurance processes at Ontario’s colleges. The review is quite extensive and includes the expectation that each program within the college conducts regular self-

studies of all their programs (www.OCQAS.org). To this end, the Ontario participants in this study, much as in other provinces, have been involved in yearly curriculum renewals and five year program review processes. But the Ontario participants made little reference to these administration-mandated activities. When asked directly what impact the yearly curriculum renewal or five-year program review had on their program, the faculty, overall, felt the two practices were somewhat helpful in revitalizing old curriculum and ensuring that what was being taught was what should be taught. On the other hand, faculty insisted that they weren’t given enough time to adequately complete the numerous tasks required of the program review and they expressed displeasure with the fact that recommendations from either process weren’t binding. Here is an example of faculty dissent:

> So, we go through all the work of examining our curriculum, how it is delivered, how students are evaluated and so on. Then we recommend dropping a course that isn’t relevant to our students and adding more lab time for practicing important clinical skills. Then [administration] says, “no, it’s not going to happen.” That really pisses me off. Why did we bother to put all that time into something that is going to go nowhere? Believe me, next time, I’ll put in the bare minimum effort.

Another faculty member had a different experience with the program review process and stated that administration had been supportive of the recommendations made by the committee, possibly because the changes made to the curriculum were “cost neutral.” A third participant was worried about an upcoming review. But overall, study participants from Ontario tended to believe that government mandated quality control did not limit their academic freedom and might even provide an opportunity to exercise it, as long as they, and not their administrators, had control over the process because of their content expertise.

Each of the health professionals in our research belonged to at least one outside professional association. These memberships are either voluntary, such as the Canadian Physiotherapist Association, or mandatory if the professional is a member of a provincial regulated health profession. Each of these voluntary or governing health professional organizations have position statements or regulations regarding the required education of members. The accreditation program of the Canadian Association of Schools of Nursing (CASN) accredits the nursing programs at the Ontario colleges where nurses in our research worked and CASN has set out more than 100 competencies at the baccalaureate level. None of the other participants in the study belonged to professional associations that were currently accredited by outside professional bodies (although a few prepare students for board exams upon graduation and successful completion of these exams is necessary in order to practice in the province).

Which of these varying groups were named as having more influence on course design? There was no agreement about this—some health programs appear to place more value on the opinions of past and present students, clinical preceptors (health care professionals working in the field who evaluate students during clinical placements) and advisory boards, while others are more concerned with meeting established provincial and

national professional competency standards. However, it was made clear by the health professions faculty that none of these groups directly influenced curriculum. This challenged the way we thought about academic freedom and autonomy, since we had predicted that there would be a conflict between the demands of professional organizations and a business model of education. In fact, one of the paramedics cited above said that a report from an external body was used as leverage to obtain more resources from his college. This may be the case more widely, but the only consistent comment of this type that was referred to across the country was reference to the high cost of maintaining an eight to one nursing clinical student-preceptor ratio. Otherwise, very little reference was made to outside professional agencies unless directly solicited. The focus was decidedly on the immediate college environment.

Indeed, it was the consensus among the faculty that they would like additional input/guidance or direction from their professional organizations when it came to delivering curriculum. The health care disciplines represented in this study (with the exception of the paramedics, discussed below) are not aware of any but the most general directives as to curriculum content for their programs. The faculty develop curriculum based on published professional competencies and/or guidelines set up by governing bodies. As one participant remarked, “I’d say [the provincial regulatory body] doesn’t have a clue (laughs) what I’m teaching.” Another added:

> In a way, we would almost like it if the licensing board were more diligent on exactly what they’re expecting our students to know, because it is sometimes very vague and it makes it challenging for us to choose a textbook.

Participants did not perceive that an increased presence from regulatory professional bodies might impinge upon academic freedom. That is, the profession could potentially dictate what is taught in college classrooms and how it should be taught if the participants were granted their wish of increased involvement from professional organizations. This strong identification with their professions is not surprising, given that health professionals are used to working in self-regulated, rule oriented environments and most prefer, themselves, to have a high degree of structure in their daily work. As well, many health care professionals are accustomed to workplace conflict, as the health care systems in many provinces have a longstanding history of hierarchical control and an ongoing battle between invigilating “the good of the patient/quality health care” within the context of government’s declining enthusiasm for funding expensive, socialized medicine.

If mentioned at all, teaching a health profession discipline was equated to working within a health care profession, where a professional will absorb what work needs to be done despite a lack of time or remuneration. As one participant remarked:

> People who teach in a health specialty come from a workplace where you just *did the work* no matter what. And that’s just the culture working in a hospital, working in a clinic…. We’re doers and so we complain about the fact that we don’t have common development time but we still do the

work.

This professional attitude has been labeled as a key characteristic of what Broadbent and Laughlin (1998) term an “absorbing group” that “does the work” because that is what is expected of a professional group. Coordinators in all health professions programs, consistent with absorbing group theory, also tended to labour with the additional duties of coordination for many years, despite a threat of burnout. Although program coordinators receive additional time on their SWF in Ontario in order to perform duties related to administering their program, here is what they said:

> It’s crazy. There’s so much admin work and setting up, you know, outreaches, and all these phone calls….As faculty doing coordinating, I find, I still haven’t had a chance to go back and look over my last semester’s lectures. I’m coordinating because no one else would do it. (laughs)
>
> My coordinating job was only given seven hours a week. That’s probably at least a 20 hour a week job, probably more.
>
> What I’ve said to my [dean] now is “if you still want me to coordinate [two health professional] programs, then we need to assign somebody else to curriculum. Because I don’t want it to be missed and I think it is going to be missed.
>
> Administration isn’t going to do anything about it because we all keep agreeing to do [coordinating], even though we realize it’s killing us, because it needs to be done.

Academic Freedom and Student Appeals.

In colleges, student success and retention is a key aspect of current policy related to a “student as client” mindset. This policy takes many forms. Perhaps most difficult for health science faculty is the overturning of grades by deans, which can be seen as overriding academic freedom as part of the student appeals process. Both authors heard from our respective health professions faculty interviewees, stories about administrators taking the side of students who engaged the formal or informal procedure of appeal when they were not successful in passing a course. In one college, a written document outlines the steps a student must take to appeal a failing grade; this process is reviewed with the student by the program coordinator. The second last step of the process is to meet with the dean (or a representative of the dean) following a decision, first made by the teacher and then the program coordinator, to let the failing mark stand. In this program, failing the course means that the student could not proceed to the next semester, requiring him or her to step out of the program for a period of time before re-attempting the failed course. This requirement delays graduation for the student and is considered a loss of income for the college. A few participants accepted this process:

> I may not agree with all the dean’s final decisions, but I know that she does a very thorough, intense review. She dissects the student…. But ultimately it’s her decision.

> The dean has come and talked to us before the appeal to find out exactly what this student is like, as in “what’s your thought process?” So I do feel supported with it.

Others disagreed:

> Only the end result was, student appeals and the dean bumps up final marks, which really pisses me off. So, to me, you hired me as a teacher and now you’re changing my final marks. So maybe you need to address my teaching ability, which I’ve never heard anything about, because you’re undermining it and you’re saying it was wrong.

> Some of those students who’ve been let through have ultimately been unsuccessful. The ones that are successful are generally weak.

Beyond these compromises of academic freedom and quality control, other health professions faculty cited compromising of their rights in the appeals process. For example, in a province outside Ontario, a nurse described how students are able to take any complaints they cannot resolve with a teacher to a “mediation committee.” However, she commented that, “if it is a student-oriented complaint, favoritism is shown to the student over the faculty [because] college management doesn’t want to upset students and wants to retain them for their fees.” She went on to describe how a student had accused her of harassing her:

> This was a student from the previous semester who did not lodge the complaint until November. (*So perhaps after they were dissatisfied with their grades?)* Oh, yes…. And when he launched the complaint it was very formally written up from a student who could hardly write or speak a sentence… The student had failed the course both academically and clinically. And the student failed courses with two other faculty members…. But because he complained, it went forward without sending the student back to the teacher first. … So I didn’t have the opportunity to meet at an informal level as is required by the policy and the student didn’t take any of the steps that were required of him. It went right to a formal investigation…. It went to the dean and he wouldn’t let the dean involve me in the discussions. He only wanted a formal resolution and he went to five people in the college to get it. What was so upsetting to me is that he was being egged on by the head of the HR committee to keep going, even though the proper procedures were not followed…. And as the accused faculty member I knew nothing about this…. (*And you had no ability to defend yourself?)* …I brought evidence of his marks, testimony of other faculty, and he had no evidence whatsoever, yet they let this charade get to that level…and drag on for four months. … I was left to pick up the pieces of my life being disrupted, during time away from my teaching.

She concluded from this experience that the committee had taken the

student’s appeal at face value, possibly “desperate to get their retention rates up.”

Where their academic judgment had been overruled in these ways, participants argued that allowing students to progress to the next semester when they were unsuccessful in a health care course carried potential risk to the public and damage to the program’s (and college’s) reputation. They argued that faculty should have the ultimate say in whether a student had successfully mastered the content of a course rather than an administrative person who may or may not understand the complexities of the health care discipline in question. Once again, the study participants problematized a power dynamic but couched it in terms of their professional judgment about safety being overruled rather than seeing an infringement on academic freedom. And in all but the extreme case cited above, few linked these events to perpetuation of a system focused on student retention at all costs.

Another theme running through both sets of interviews was the observation that students seem less and less prepared for college, presenting with challenging behaviours in the classroom and weaker study and academic skills. At the same time, they saw the student body as becoming more diverse culturally and academically. They linked these two trends to an increase in the number of appeals, and pressure from administration on several fronts (e.g., to “micromanage” their affairs or to target international students markets but provide little support in doing so). One faculty member commented:

> I think that part of it is having…autonomy means that you feel good about coming to work, you enjoy teaching, etc. The more control the college exerts over that, the less you are going to enjoy it.

Torn between their professional and college pressures, study participants identified a real isolation from their college management. It was noted that the work environment was becoming a place of “us vs. them”—a new uncomfortable feeling that hadn’t been there as little as a few years ago. Again, this challenging work environment was described in neoliberal language such as, “the college needs to get the students in the seats to make money,” and “administration’s bottom line is the money.”

Academic Freedom, Clinical and Laboratory Components.

Another area of contention between administration and faculty was revealed in discussions around the structure and utilization of laboratories. Laboratories, lectures and seminars are differentiated in Ontario’s SWF, resulting in varying times allotted to prepare, teach and assess in each. Faculty members all work within a SWF that is designed each semester and which adheres to a union-negotiated contract, but the SWF was problematized by the study participants as not reflecting their “true” work hours. Specifically, a structured, inflexible formula to establish workload can be seen to alter health profession’ pedagogy where lectures and laboratories are core components of a course. This curriculum design ensures that students learn both theory and practical application of knowledge, and is in keeping with the core philosophy of Ontario’s public college system regarding applied learning. Laboratories are considered by health professions faculty to be essential to program content and are

viewed as a critical component in ensuring student success. In one example, it was within the labs that practical tests, known as Objective Structured Clinical Examinations (OSCEs) are held. These tests usually require a higher passing grade than this particular college’s standard 50% pass rate. It is the program’s faculty who are responsible for deciding upon and setting the passing grade of these practical tests. In many health care programs, if the student fails a practical test, there are serious consequences. The student may be removed from that course immediately, be required to pay for another test attempt, or can fail the course despite having passed other graded components. There were complaints and resistance from faculty about both the amount of laboratory time and the number of students assigned to laboratory sections. As one participant commented,

> [College administration] wanted to reduce clinical hours. They wanted to reduce lab time and we refused to do that. So we dug in our heels as well, because we didn’t want any compromises to the curriculum. We were just not willing to compromise.

Another Ontario participant also demonstrated resistance to the suggestion of increasing the number of students in a laboratory. As this faculty member put it,

> I had to basically dictate to administration how the labs needed to be set up. Initially, when I got here they said “your labs are going to be 24 [students] big” and “you’re going to have one section” and I just went, “no, it won’t work.”

When responding to a question about perceived pressure to increase class and/or laboratory section size, a third Ontario faculty member stated, “Well, we just simply say you can’t. You just can’t.” This way of dealing with administration’s attempts to influence faculty work is in keeping with Ayers’ (2009) findings that faculty resistance in the form of “flat refusal” may prove effective when the issue of quality is considered critical, as in this case. One faculty member argued that the amount of laboratory time in her program should be increased in order to ensure graduate competency, but administration would not approve this increase. Although an explicit reason wasn’t given for this administrative decision, the faculty member speculated that it was because adding laboratory hours results in increased teaching costs for the college.

Study participants were adamant in their position that increasing the number of students in a classroom and laboratory results in decreased quality of education. Professionals first, they argued the need for health care students to master skills first within an educational setting in order to avoid potentially causing harm to the public in clinical practice. Study participants believed firmly that the lower teacher-to-student ratios required by their professional bodies provided the direct supervision and hands-on approach required to successfully consolidate necessary skills. Although admitting to feeling pressured to increase laboratory or class sizes, then, they reported resisting. At one college, they said they had been able to justify not doing so due to the lack of available clinical placements in the community. In fact, reaching targeted numbers of fieldwork hours for even the current numbers of students is becoming increasingly difficult, with

competition for spots from private colleges in some locations as well as competition from programs at neighbouring public colleges.

Academic Freedom, the Union and Intellectual Property.

Only one of the 13 interviewees in our studies had been involved in research projects since being hired at the college, even though applied research is now within the scope of college activity. Thus many health professional faculty continue to interpret the concept of “research” as keeping current through journal and book reading and Google searches, etc. in order to disseminate up to date curriculum content. This is consistent with other research (Fedderson 2008; Outcalt, 2002). This interpretation of “research” was evident as participants spoke of the need for additional time to research in order to keep abreast of current issues within their professions. This interpretation differs substantially from the view of academic property as university professors understand it. It may also explain why many faculty haven’t felt the need to negotiate for academic freedom: they don’t feel they are generating knowledge that must be protected and owned, though this may change in collaborative university-college programs, as we suggest below.

Academic property, an issue hotly debated at the university level, thus appears to be of less concern to these particular participants (given that they are mainly instructors in certificate and diploma programs) than to university faculty. All but one acknowledged that lecture material and evaluation tools developed by them are considered to be the property of the college, including the contingent faculty member from another province cited above who found her autonomy “between the cracks.” In fact, there is a contractual agreement with both contract faculty and full time staff confirming college ownership of intellectual property in most cases. One exception was an instructor in a baccalaureate program who said,

> The curriculum we own. And our dean is very clear that the faculty own the curriculum…. The union [executive] are always reminding us that we own this.

However, she has been asked to sign over the rights to her courses so that that they can be shared more widely. Beyond this exception, other faculty in the study state that they are expected to hand over a developed course should they not be teaching that particular course in a semester. And part time faculty are often hired to develop a course that he or she may never actually teach. Two of the participants (including the one cited above) expressed displeasure with this practice while a few expressed gratitude that, when teaching a course that was new to them, they weren’t expected to “make up stuff.” These faculty were aware that attitudes were changing here, because they referred to other faculty who do not share these views about intellectual property. Further, at the June 2012 OPSEU sponsored symposium on quality education and academic freedom, the keynote speaker stated that if Ontario’s public colleges continue on their path to functioning as junior colleges feeding university programs, there is a need to increase control over course material, since universities are scrutinizing college curricula in order to establish equivalency between courses. Specifically, the argument is that faculty will need to protect their work where programs are advertised as transfer credit. But in the world of most of our participants, health professionals still engage in a sharing and

collegiality that does not include ownership of curricula.

Although the 2006 Ontario wide OPSEU strike was publicized as members’ resistance to management’s concession demands in the area of workload (insufficient time to prepare for classes, to grade evaluations and to spend time with students outside the classroom), faculty returned to work with little resolution of their demands. Was there any evidence that union-health professional relationships were contentious for our participants? Specifically, we predicted that the “absorbing group” professionalism of health workers might conflict with union mandates centering on wage and workload measures. However, this proved to be a non-issue for all but one of the nine Ontario participants. She was the only participant aware that academic freedom was one of the top three issues being discussed at pre-bargaining meetings held in 2012. The invisibility of the local union for these participants could be due to OPSEU being perceived as having little to do with the daily work of college faculty. The union was not even viewed as a vehicle for change on matters of academic freedom. Participants, with the exception of the one faculty member who was a union steward, expressed the opinion that it was management that controlled their workload, not the union. This is in keeping with the findings of Powell (2008) whose respondents perceived college administration to have the greatest influence over the day-to-day operations of Ontario’s public colleges, with unions having the least influence on decision-making.

Concluding Observations.

The questions driving the first author’s research project were: do the values of health care professionals conflict with the agenda of a corporate college system? And if so, how do this group of educators attempt to reconcile their high expectations for students, themselves as educators, and the demands of outside organizations with the administrative demand for graduating trained workers with the minimum dollars spent? The first author identified several themes that were also apparent in the second author’s national research on college faculty. A salient observation in the first author’s research was that all parties involved in Ontario’s public postsecondary college system, including the Ontario MTCU, the faculty themselves, the administrators of their colleges and the provincial faculty union frame their public dialogue in the language of neoliberalism. Business terminology peppered both her interviews and those undertaken in the second author’s research, and was reflected in union communiqués as well as government and college publications. The study participants openly and frequently expressed frustration with the neoliberal administrative agenda and methods of student recruitment, retention and the perceived pressure to do more with less. Noordegraaf (2011) claims that “managers are seen as the carriers of neoliberal reform and organizational control. Professionals are seen as the victims of organizational control, which they will resist in order to defend occupational spaces, standards and values” (p. 135). However, in keeping with Levin’s (2006) research, although faculty expressed a great deal of dissatisfaction and even outright antagonism towards administration, college faculty were not joining forces to resist “forces of power and influence” (p. 79). Speakers at the OPSEU symposium discussed here were unanimous in their belief that college faculty either did not know what academic freedom was or believed they had it. Audience members indicated that these views are changing and that

there will be more support for negotiating academic freedom in upcoming negotiations, though only the tip of this iceberg was visible in our research.

The 13 faculty whose interviews were reviewed here felt that they, for all intents and purposes, already had what they understood as academic freedom, defining it as having the ability to determine what to teach in their health care courses. There appeared to be no direct administrative control over course content with three exceptions. One occurred in a province outside Ontario where another institution than the college employing the faculty member was brokering a program. Two other exceptions, one inside and one outside Ontario, involved a chair or dean reviewing course outlines each semester. These reviews, however, were perceived as a rubber stamp exercise and not as an infringement on academic freedom. One participant did state she was asked to review the test sequence of a course she was teaching as the dean felt it was weighted heavily with evaluations in the last seven weeks of the semester but she glossed over this event, stating that the dean was “only doing her job.” Another participant claimed outside interference with curriculum content and attributed that intrusion to the Ontario Ministry of Health and Long Term Care’s constantly changing protocols that needed to be reflected in course content. Retention and ownership of intellectual property was an issue for only one participant, further underlining the lack of appreciation of the CAUT definition of academic freedom. The health care faculty in our research did not problematize workload, salary, staffing (including the role of the program coordinator), or relationships with outside organizations under the umbrella of academic freedom. Instead, these issues were either ignored or couched in terms of the college administration’s failure to accept that the health care professionals are the experts in delivering quality education to future health care providers.

Finally, it is clear that the public college landscape is in a state of flux. The senior college health professional faculty all agreed that their jobs had changed significantly in the last few years and that they foresaw more changes to come. They discussed the demand for pathways between colleges and universities by students and the push from several colleges to become degree-granting institutions, viewing these issues as impacting their jobs in ways they could not yet define. Our participants outlined the following as having the potential to negatively impact the quality of education provided to future health care workers: increasing pressure to take on more students and to graduate these same students despite any failure to achieve the level of knowledge and skills demanded by their health care profession; evolving content delivery methods (including growing e-learning and the adoption of other technologies); a shift in student demographics (including growing numbers of international students, university graduated students, and mature learners coupled with the declining pool of high school students); shrinking budgets affecting the acquisition and updating of materials deemed necessary to keep abreast with current trends in health care; the mounting administrative duties within the faculty role; and ongoing competition for students and clinical placements. However, despite the expressed concerns and complaints, all but one of the study participants stated unequivocally that they loved to teach and that they were proud of the quality of their respective health care programs. They felt that, overall, graduates from their programs were worthy of their certificate, diploma or degree. Their fear was for the future

and trajectory of the shifting public college context.

The first vice-president of OPSEU, Eduardo Almeida at an OPSEU symposium (2012) proclaimed:

> College faculty do not have academic freedom: there is no language in our contracts. Academic freedom is a right that must be defended. Curriculum design, dissemination, etc. must be controlled by faculty. It is a fight for academic freedom.

As Doughty (2010) further claims, “at stake are questions such as the capacity of internal or external administrative authorities to dictate the content of curriculum criteria for selecting and retaining teachers and the nature of the teaching and learning process itself” (p. 2). He notes that “those entrusted with the management of colleges have in mind a rigid hierarchical and industrial model of labour relations in which traditional concepts of academic freedom have had little or no place” (p. 3). And although he goes on to argue that college faculty do have autonomy in several areas and that they are able to execute some degree of power over their daily work, it is important to note that he attributes this to the fact that college faculty have had civil relationships with their deans and chairs up until this point despite several faculty strikes over the years.

OPSEU (and our participants) agree that those collegial relationships are changing and that the fight for academic freedom is just beginning. In the recent OPSEU Symposium on Quality Education and Academic Freedom (2012), referred to above, it became clear to the first author that other faculty from across Ontario have questions about academic freedom. Issues similar to those raised by the 13 participants here were discussed that day, including a lack of awareness on the part of many of the professoriate regarding the definition of academic freedom and the uncritical willingness to hand over the balance of power to administration (citing that Ontario colleges were a business, a free enterprise system that required tough decisions by management).

As Ayers (2009) would remind us, “college personnel interpret the signs and symptoms embedded in the organization’s climate in different ways depending on their ideological frame of reference (p.6). Reconciling a need for the development of a college-wide, relevant and meaningful definition of academic freedom with the prevailing business approach to education may prove challenging. Current faculty practices of resisting various pressures from administration through discourses of ethics and specialized knowledge may lose some effectiveness without the development of a common language in which to challenge the current socially constructed college institution. Levin, Kater and Wagoner (2006) go so far as to argue that faculty, through collective bargaining, are “party to productivity and efficiency policies and regulations of their college.” Thus, at least in this respect, “they are compliant with the management” (p. 3).

How then do we tackle the issue of academic freedom in the public college sector? How do we unite college faculty and ensure a common lens through which to view our position? And do health professionals teaching in the college system hold different values than their counterparts in other fields, or are all college faculty more similar than different? Outcalt (2002)

argues "the time is long overdue for a comprehensive, national, longitudinal study of community college faculty" (p. 5) that might answer these questions. The process clearly begins with dialogue and an examination of the constructs surrounding us. This is a challenge in itself. Throughout our research, for example, it was tempting to accept at face value the participants' critiques of administration and their interpretations of the constraints under which they work, rather than looking at their responses through a critical lens.

Fedderson (2008) states that "so persuasive is the consumerist ethos of contemporary North American culture that it is very easy for us to regard all relationships as primarily commercial relationships" (para.16). Perhaps the time has come for many health professions faculty to shift their gaze from the immediate college administration to the larger, ideological issues that impact academic freedom and the ability to educate and graduate competent health care providers.

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